

Camp SEA Lab Financial Aid Form

Camp SEA Lab is committed to offering the value of camp for all children. Please do not let financial hardship keep your child from attending. Limited financial aid is available, and priority will be given for first-time Camp SEA Lab campers and families whose income falls within free or reduced lunch guidelines. A minimum of 25% of the camp tuition is required for each child.

To apply, please follow the steps below:

Step 1

Completely fill out the financial aid form. Please submit one form for each camper request.

Step 2

Please attach required documentation. Remember to include a copy of your 2009 tax return.

Step 3

Please mail registration form, financial aid form, income documentation, and \$100.00 deposit to Camp SEA Lab offices.

Incomplete applications will not be considered. Families will be notified in a timely manner after receipt of their application.

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ E-mail: _____

School: _____ Grade in September: _____

Has your child received financial aid from Camp SEA Lab before? Yes No

If so, when? (Program & Date): _____

Parent/Guardian Names: _____

Child lives with: Both parents Mother only Father only Guardian

Number of children living at home: _____ Ages: _____

Do you qualify for the free or reduced lunch program at your child's school? Yes No

Number of dependents on household income: _____

Total annual household income: \$ _____

(Please remember to include income from salaries, investments, Social Security, Unemployment, Disability, Child Support, AFDC, and any other sources of income.)

Please indicate any special circumstances that relate to this request. Additional pages may be attached.

Fee for program: \$ _____

Amount parent or guardian can pay: \$ _____

Amount from other sources: \$ _____

Amount requested (required): \$ _____

**All applications must be received by
April 30, 2010
to be considered for financial aid.**

Parent or Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

Received _____ Approved _____
Amount _____ Notified _____